DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGED CONTAINER CONTAI	NING OCULAR	PERFUSION/W	ASHING SOLUTION AN	D PROCESS FC	DR				
PRODUCING THE SAME									
the application of which is attached hereto	OR	Number or PO	Was filed on July 30, 2003 as United States Application Number or PCT International Application Number PCT/JP03/09627 (Confirmation No), and was amended on (if applicable).						
I hereby state that I have reviewed and uby any amendment specifically referred to	o above.								
I acknowledge the duty to disclose in continuation-in-part application(s), mate the national or PCT international filing d	rial information v	which became ava	ailable between the filing	in 37 CFR 1.56, date of the prior	, including for application and				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Count	ry	Foreign Filing Date	Priority C Yes	laimed No				
2002-221234	Jap	an	30/07/2002	区					
I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:									
Prior U.S. or International Application Nu	mber(s)	U.S. or Internati	onal Filing Date	Statu	ıs				
I hereby appoint all attorneys of SUGH my attorneys to prosecute this application therewith, recognizing that the specific discretion of Sughrue Mion, PLLC, and the same USPTO Customer Number.	on and to transace attorneys listed u request that all c	t all business in an ander that Custom	the United States Patent a er Number may be chang out the application be add	and Trademark Or sed from time to t	ffice connected time at the sole				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
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Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:	r · · · · · · · · · · · · · · · · · · ·	T					
City	State	Zip		Country			
NAME OF THIRD INVENTOR:		-					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
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City	State	Zip		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:	,						
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature		1	Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City .	State	Zip		Country			